

For remember → (Acid)

Hypersensitive Reaction

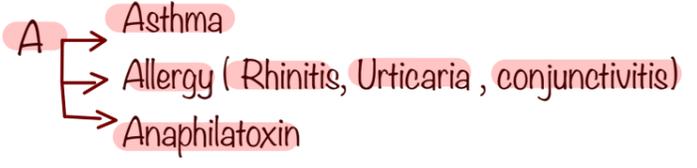
A

- Treatment
1. Antihistamine
 2. corticosteroid
 3. Epinephrine (adrenaline)
 4. Tolerance
 5. Aunti IgE
 6. By shifting Th2 → Th1
- IL-12
-anti IL-4
-anti IL-5 (mainly for asthma)

Type I

1. Ag bind ti IgE
2. IgE/Ag "cross-link" in receptor
3. Most calls and basophils , release vaso action substance (histamine , leukorptrins and haptent)

1. Vaso dilation .



Allergy from outside molecule that we take it by breathing or by food and something by contact with skin

- * When IgE bind to FC receptir on mast cell → this step called sensitisation
- * Rearposure : Ag find with Ab on mast cell and after that mast cell will release histamine
- * late phase reaction : accumulation of neutrophils, eosinophils, Th2 to site of infection.
- * in this phase symptom appeared

Don't forget that RAST tess can detect IgE

C

- Treatment
- Anti-inflammatory and immune suppressant agent

We use it for treatment
auntie CD 20 → B cells → lymphoma
Auntie CD 52 → B,T cell → Leukaemia

Type II (Aunti body mediated)

1. IgG or IgM Bind to cell receptor .
2. Compliment activation
3. Death off self cells → Cell lysis by compliment
4. Good posture syndrome → Optimisation and Phagocytes

Linear deposition

C → cytotoxic

Ag : - intrensic
- extrinsic like penicillin

- Disease
- * haemolytic anaemia.
 - * Good postures syndrome.
 - * Myasthenia Gravis .
 - * transfusion rejection .
 - * warm reaction auto (Igg) : Destruction in spleen.
 - * cold reactive auto (IgM) : Destruction in intravascular

I

- Treatment
- Anti-inflammatory like Cortizone

Type III

1. IgG or IgM bind To antigen (both or free) , Soluble
2. Complete* deposit in various tissue
3. Compliment is activated in target tissue (more than type II)
4. Post streptococcal glomerulonephritis → globuler .

I → immune complex

- SLE
- glomerulonephritis
- Arethritis
- Serum sickness
- Diptheria (remembered the idea of horse)

D

Treatment

1. Biological agents with soluble form of TNF receptor → in RA Crohn's disease and skin disease psoriasis .
2. IL-6 → RA

Type IV (T-cell mediated)

1. Auntigen sensitize Th 1 CD8+
2. Cell released Cytokines that activate macrophages.
3. Macrophages remove target cell

D → delayed

- diabetes
- Dermatitis
- Diagnose TB

No auntibody
* host : (PPD test or mantous test) after 72Hr
For TB and we can use it for measure the efficacy of cell mediated immunity like Candid albicans
*fals positive - non tuberculous myobacteria - BCG vaccine
* fals negative * These who are immunologically compromised, especially these which with HIV and low cell T-counts